COMBINED DECLARATION AND POWER OF ATTORNEY FOR A PATENT APPLICATION

INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

e specifica	ation of which	SPECIFICATION DENTIFICATION	
· · · · · · · · · · · · · · · · · · ·	_is attached f	ierēlo.	
<u> </u>	_was filed on	April 2, 2003	Ş
	United State	s Application	
	or PCT Inten	national Application Number PCT/CU03/00003	
	and was ame	nded on October 8, 2004	•
•		(If applicable)	-

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1,56.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d) or (f), or 365(b))

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Applicat	tion(s)	·		ority <u>med</u>
CU 2002-0071 (Number)	Cuba (Country)	08.04.2002 (Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

POWER OF ATTORNEY

I hereby appoint the Practitioners at Customer No. 000046345 as my patent attorney(s)/agent(s); with full power of substitution and revocation, to prosecute this application identified above, and to transact all business in the U.S. Patent and Trademark Office connected herewith.

Send all correspondence and direct telephone calls to: Customer No. 000046345.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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